

<b>State:</b>	Arkansas	<b>Filing Company:</b>	American Heritage Life Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident		
<b>Project Name/Number:</b>	GACWMEND/		

## Filing at a Glance

Company:	American Heritage Life Insurance Company
Product Name:	Group Accident
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	09/27/2012
SERFF Tr Num:	ALST-128697137
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	GACWMEND
Implementation	On Approval
Date Requested:	
Author(s):	Patti Hicks
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	09/27/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas **Filing Company:** American Heritage Life Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Group Accident  
**Project Name/Number:** GACWMEND/

## General Information

Project Name: GACWMEND

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This is a case-specific filing for Wal-Mart Stores, Inc., domiciled in Arkansas. These forms will not be filed in our domicile state of Florida.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 09/27/2012

State Status Changed: 09/27/2012

Created By: Patti Hicks

Corresponding Filing Tracking Number:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Patti Hicks

Filing Description:

We submit forms GACWMEND and GAPWMAMD1 for your review and approval. They will be used with Group Voluntary Accident Policy, GAPWM et al, which was approved by your department on August 9, 2009 under filing number ALST-126250239. These forms are being submitted as a single case filing for Wal-Mart Stores, Inc.

The policyholder has requested that these changes be effective January 1, 2013; anything you can do to expedite the review and approval of this filing would be greatly appreciated.

If you have any questions, please do not hesitate to contact me at 904-992-3424 or at Patti.Hicks@allstate.com. Thank you for your continued consideration.

## Company and Contact

### Filing Contact Information

Patti Hicks, Senior Filing Analyst  
1776 American Heritage Life Drive  
Jacksonville, FL 32224-6687

patti.hicks@allstate.com  
904-992-3424 [Phone]  
904-992-2975 [FAX]

### Filing Company Information

American Heritage Life Insurance  
Company  
ATTN: Legal/Compliance  
1776 American Heritage Life Drive  
Jacksonville, FL 32224-9983  
(904) 992-1776 ext. [Phone]

CoCode: 60534  
Group Code: 8  
Group Name: Allstate  
FEIN Number: 59-0781901

State of Domicile: Florida  
Company Type: Life and  
Health  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 2 forms = \$100.00

SERFF Tracking #: ALST-128697137

State Tracking #:

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Per Company: No

Company	Amount	Date Processed	Transaction #
American Heritage Life Insurance Company	\$100.00	09/27/2012	63131055

<b>SERFF Tracking #:</b>	ALST-128697137	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GACWMEND
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2012	09/27/2012

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## Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Voluntary Accident Certificate Endorsement	Approved-Closed	Yes
Form	Group Voluntary Accident Policy Amendment	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: GACWMEND							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/27/2012	GACWMEND	CER	Group Voluntary Accident Certificate Endorsement	Initial:	52.700	GACWMEND.pdf
2	Approved-Closed 09/27/2012	GAPWMAMD1	POLA	Group Voluntary Accident Policy Amendment	Initial:	56.600	GAPWMAMD1.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages


# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida  
(the "Company")

## ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective [January 1, 2013], the Group Policy has been amended requiring the following changes in your certificate:

- I. The "Emergency Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:
  - A. **Immediate Care:** We pay \$120 for you or your covered spouse and \$70 for a covered child for required medical treatment as a result of a covered accident. This benefit is payable for physician fees, x-rays, and emergency room services. Treatment must be received within 7 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period, per covered person, per covered accident.
- II. The "Follow-Up Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:
  - B. **Follow-Up Treatment:** We pay \$25 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care (benefit A). Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is payable for one follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit (benefit R) is paid.

[  ]

Secretary

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

(the "Company")

Amendment No. [3] to Group Policy No. **WMART**  
issued to

**WALMART STORES, INC.**

(the "Policyholder")

It is hereby agreed that, effective [January 1, 2013], the Group Policy is amended as follows:

- I. The provision titled "Canceling Policy" in the POLICYHOLDER PROVISIONS section is deleted and replaced with the following:

## **CANCELING POLICY**

This policy can be canceled:

1. by us; or
2. by the policyholder.

We may terminate or offer to modify this policy with at least 365 days written notice to the policyholder, if:

1. the policyholder fails to perform any of its material obligations that relate to this policy; or
2. fewer than 50 employees are insured.

With regards to the policyholder's failure to perform any of its material obligations that relate to this policy, before we give the policyholder 365 days written notice of our intent to terminate or modify this policy, we must first give the policyholder 30 days written notice of the breach and the opportunity to cure the breach during that 30 day period. Only after giving such notice may we provide the policyholder with the 365 days written notice of our intent to terminate or modify this policy.

The policyholder must pay us all premiums due for the full period this policy is in force. If the premium is not paid before the grace period ends, we may terminate this policy with at least 30 days written notice to the policyholder. If the policyholder pays all past due premiums before the conclusion of the 30 day notice period, the policy will not terminate.

The policyholder may cancel this policy with at least 180 days written notice to us. When both the policyholder and we agree, this policy can be canceled on an earlier date. If canceled, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is canceled, the cancellation will not affect a payable claim incurred prior to cancellation.

- II. The "Emergency Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

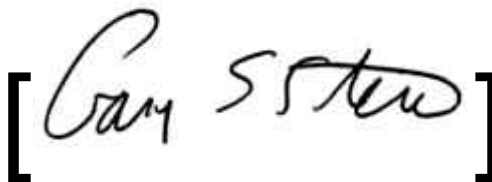
**A. Immediate Care:** We pay \$120 for the insured employee or covered spouse and \$70 for a covered child for required medical treatment as a result of a covered accident. This benefit is payable for physician fees, x-rays, and emergency room services. Treatment must be received within 7 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period, per covered person, per covered accident.



III. The "Follow-Up Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**B. Follow-Up Treatment:** We pay \$25 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care (benefit A). Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is payable for 1 follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit (benefit R) is paid.

This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless the Company has executed this amendment.



Secretary

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/27/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/27/2012
Comments:	GAAPPAR and AWD4528WMESP were approved on 7/1/2009 under SERFF filing number ALST-126167739 and have not been changed. ABJ4528WM was approved on 11/14/2011 under SERFF filing number ALST-127747929 and has not been changed.		

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

Jacksonville, Florida 32224-6687

To the Forms Review Section, ARKANSAS Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

<u>Form</u>	<u>Score</u>
GACWMEND	52.7
GAPWMAMD1	56.6

Date: September 24, 2012



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Diane Ierna  
Assistant Vice President, Compliance Department